

Division\_\_\_\_\_

Michigan Department of Community Health  
**Early Hearing Detection and Intervention**

Routing\_\_\_\_\_

Mailroom\_\_\_\_\_

P.O. Box 30195  
 Lansing, MI 48909

Account\_\_\_\_\_

**FAX your request to 517/335-8036**

Forms Mgmt. \_\_\_\_\_

Phone 517/335-9560

**Forms Requisition**

Date:	
Requestor's Name:	
Name of Agency/Program:	
Number and Street:	
City/State/Zip Code	
Phone#:	

<b><u>Form #</u></b>	<b><u>Description</u></b>	<b><u>Quantity Needed</u></b>
DCH-0474	Michigan's Community Hearing Screening Program - brochure (100/pkg) English	_____
DCH-0474a	Michigan's Community Hearing Screening Program - brochure (50/pkg) Arabic	_____
DCH-0474s	Michigan's Community Hearing Screening Program - brochure (50/pkg) Spanish	_____
DCH-0376	Services for Children Who Are Deaf or Hard of Hearing: A Guide for Families and Providers (each) English	_____
DCH-0376s	Services for Children Who Are Deaf or Hard of Hearing A Guide for Families and Providers (each) Spanish	_____
DCH-1114	Parent Card (each) English	_____
DCH-1114sp	Parent Card (each) Spanish	_____
DCH-1132	Guidelines for Newborn Hearing Services (each)	_____
DCH-1223	Hearing Screening Results Crib Card-English (100/pkg)	_____
DCH-1223s	Hearing Screening Results Crib Card- Spanish (100/pkg)	_____
DCH-0708	Early Hearing Detection and Intervention Program Order Form (each)	_____